

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5	1	0					55			
6							56			
7							57			
8							58			
9							59			
10							60			
11	1						61			
12	1						62			
13		1					63			
14		1					64			
15	1						65			
16		1					66			
17	1						67			
18		1					68			
19		1					69			
20							70			
21							71			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1	0					TOTAL IND.			
TOTAL DEP.	1	0	1	0	1	0	TOTAL DEP.	1	0	1
TOTAL CLAIMS	1	0					TOTAL CLAIMS			

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